

DEFEAT DEPRESSION

- Prof.(Dr.) Manilal Gada, Dr. Krishna S Ayyar

Foreword



There are a lot of misconceptions, prejudices and biases against psychological (mental) illnesses. Recent research has clearly demonstrated the role of chemicals in the brain in these illnesses and established beyond doubt that the patients are not behaving, thinking and feeling in a particular manner purposely and that the symptoms are not under their control. This booklet is an effort to present facts on the most commonly seen mental illness

depression or depressive illness

This information is useful not only for the patients and their family members, but also the general public. It is hoped that scientific information presented in this booklet, the misconceptions, prejudices as also the biases would be corrected and the illness along with the suffering patients would be understood better.

Introduction

A 35 year old housewife, Sushma, was suffering from chest pain, palpitation, breathlessness, headache, sleeplessness, weakness and poor appetite for over six to eight months. The symptoms had increased gradually over the last one month. She had consulted many doctors and thorough investigations were conducted including cardiogram, stress test, 2D Echo etc. for cardiac disease. All the above investigations were normal and doctors used to say comment "there is nothing wrong with you, you are only imagining the symptoms, this is all psychological". On a relatives advice the patient consulted a psychiatrist. On further inquiry it was found that in addition to the above symptoms she had lost interest in practically everything including her only son, she had no desire and initiative to do any work, had become irritable and had developed intolerance to noise. There were frequent crying spells and she felt that life was not worth living ...

"it was better to die".

This like many other is a typical case of depressive illness presenting with a combination of physical complaints and normal clinical investigations for physical illness. The patient was given antidepressant drugs and psychotherapy. Within ten days, her physical symptoms improved and she resumed working. In four weeks she had recovered very well and was almost the same as her normal self.

Depressive illness is a very commonly seen phenomenon all around us. Many people who are depressed are puzzled and confused by their feeling. They cannot understand themselves, and they do not expect any one else to understand them either. The people around do not understand the situation and often suggest that the person should pull herself together, get out more and stop dwelling on how she felt. This of course does not work and the patient feels more miserable then ever before... withdrawing further from friends and family and reluctant to consult a doctor as she feels she would be wasting his time and that he would not understand her.

All these peculiar feelings - the bewilderment, the sense of inadequacy, the hopelessness, the inability to describe just how one feels - are in fact typical symptoms of depression. They are not only very upsetting: they are misleading and very unfortunate as today ...

depressive illness is a treatable illness.....

In the course of the booklet we will examine why these occur, who are at a maximum risk, the

treatments as well as the myths and realities surrounding the disease.

Depressive illness

Depressive illness is universal and has been prevalent since time immemorial. Its clinical features were described in ancient Indian literature by Sudarka, a renowned playwright of 2nd century B C. It figures prominently in the sacred writing of India, its mythologies, literature - the twin epics Ramayana and Mahabharata. In the Mahabharata, Arjuna was afflicted with the illness which was relived by Lord Krishna's firm handling and counselling. Abraham Lincoln the president of USA and Winston Churchill the prime minister of England suffered from depressive illness.

Depressive illness is observed in people from all countries and every culture, affecting both the sexes, sparing neither the rich nor the poor, tormenting all ages, forcing the exit of some through self-destruction and steadfastly maintaining its core clinical features down the centuries.

The term "depression" is so commonly used in everyday transactions that fails to convince the people around that "Depression" could be a disease in itself. The depth and intensity of depressive illness is usually not recognised and appreciated by the family members and people around. Depressive illness is in fact one of the most agonizing illness and its real intensity is experienced only by the sufferer.

Incidence

The prevalence of depressive illness is estimated to be around 3% per year i.e. there are about 40 crore people around the world who will develop diagnosable and treatable depressive illness. In India, surveys have shown that 4% of the population have had or are suffering from an episode of depressive illness. That would put the number of persons suffering from depressive illness to be close to around 3.5 crore. Depressive illness is:

- the causes of 20% of the suicides in the country
- the causes of a third of the alcoholics taking to drink
- the major cause of absenteeism at work and loss of productivity
- the fourth to the tenth most frequent diagnosis made by family doctors
- the disability due to depressive illness exceeds that to most major chronic illnesses including diabetes mellitus, arthritis and angina pectoris

Depressive illness is in fact the "common cold" of psychiatric illness. Though depressive illness is so widespread the number of patients who consults a family doctor are few, and still fewer consult a psychiatrist.

Cause

There is no single cause for depressive illness. In fact depressive illness is a result of a combination of three major factors (bio-psycho-social factors) which play a significant role in its causation and maintenance:

- Hereditary (Biological)
- Psychological
- Social

CASE: A BEREAVED FATHER

A successful businessman working for 12 to 14 hours a day had suddenly stopped going to work and was not attending to his business for the last three months. He had lost sleep, his appetite was poor

and had lost about 5kgs in weight. He used to lie in bed, not communicate with anyone and was constantly lost in his own thoughts. He was frequently crying and often expressed a desire to commit suicide. This sudden change in behaviour had taken place following the sudden death of his young promising son of 22 years in a car accident. Family and friends had tried to persuade him to join work at least for a few hours a day or to take a vacation, but had failed to convince him to do so.

He was diagnosed to be suffering from severe depressive illness. With treatment he improved and resumed his activities within six weeks. He remarked that "I did not know what happened to me. I had no energy to go out or talk to anyone. My body was not under my control." It is important to understand that this patient was suffering from depressive illness. He was not shirking his work purposely or he had not suddenly become lazy. Although the triggering factor was obvious (untimely death of a young son), giving him good and well meant advice of doing something (action or going back to work) was not the treatment he needed. Rather than sympathising with the person ("Depression is a natural reaction after such a tragedy"), it is important to realise that it is an illness and that medical treatment will help the patient get well.

Depressive illness like any other illness is a disease . Just like in other physical like typhoid fever and jaundice, where there are certain chemical changes in certain parts of the body, in depressive illness there are chemical changes in the brain. These chemical changes bring about symptoms of depressive illness.

Hereditary Factors

Depressive illness runs in families. The parents siblings and children of a depressed person are at a higher risk for depressive illness than those who do not have a depressed person in the family. An identical twin is at an even greater risk.

Psychological Factors

The nature and personality make up of an individual and the attitudes he displays, predisposes or protects the person from depressive illness. Some of the attitudes which make the person vulnerable to depressive illness are:

- Higher expectations than what the reality is (larger the gap between expectations and reality, more the frustration leading to predisposition to the illness); behavioural and attitudinal expectation from spouse children other family members, friends and relatives; financial expectations etc.
- Low frustration tolerance level
- Uncompromising, rigid attitude leading to conflicts
- Difficulty in maintaining good and cordial interpersonal relationships: strains in husband - wife relations with frequent misunderstanding and quarrels, father - child or mother- child relationship not good
- Unable to express or ventilate negative emotions and suppressing them most of the times
- Finding faults in others most of the times

Social Factors

Depressive illness is often triggered off by stressful events in life. The major precipitating social factors for depressive illness are:

- Loss i.e. loss by death of close one, loss of prestige, failure in business or examinations etc.
- Occurrence of negative emotionally stressful events and factors
- Sudden death of family members or friends or serious illness of oneself or significant family members

- Quarrel with significant person
- Children not coming up to expectations either in education or in occupation
- Sometimes positive events like promotion in job

Hereditary factors either alone or along with the psychological factors make the individual vulnerable to depressive illness and the social factors trigger the illness. Thus depressive illness is a combination of the three. These three factors acting together or individually cause chemical changes in the brain which then manifests as symptoms of depressive illness.

(Note: An Image Is Expected here.)

Symptoms

Each individual's illness and symptoms differ from that of the others or in different depressive episodes in the same person. The following are the major symptoms seen during depressive illness though, not all will be present in any one episode.

Psychological/ Behavioural symptoms

- Low mood- feeling sad, blue, down in the dumps the mood cannot be lifted by pleasing events
- Markedly diminished interest or pleasure in food sex hobbies - just about everything which was earlier pleasurable
- Feeling of worthlessness, loss of self confidence or guilt feeling (" I have committed a sin ", "I am a burden to my family ", "because of me other are suffering" etc.)
- Inability to concentrate or make decisions
- Suicidal thoughts, thoughts of death, attempted suicide
- Panic attacks

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CASE : A PANIC ATTACK

Sumant, a 25 year old male had sudden chest pain, palpitations, excessive perspiration and a feeling of impending death. The attack lasted for 10 to 15 minutes and then subsided. His pulse rate was 104 per minute at that time and the BP was normal. The E.C.G. (cardiogram) was normal except for a fast heart rate . Other investigations done at a later stage (stress test for heart functions , 2D Echo) were also normal. After about 10 days, the patient developed a similar episode while travelling by train. He was taken to a nearby hospital, where again all the investigations were normal. By now the patient was so afraid that he would not travels anywhere alone. His wife or any other relative would accompany him. In presence of them the attacks were very mild and could easily be controlled. The patient improved with antidepressants drugs and psychotherapy. Within three months the patients started going out alone, initially to nearby areas and by four months of treatment he could travel long distances all by himself.

This is just another way in which depressive illness can manifest itself

Physical symptoms -

- Big increase or loss in weight
- Excessive sleep or inability to sleep (insomnia)
- Low energy, fatigue, weakness
- Restlessness or allowed body movements

Somatization

In Indian society and culture, the chances of purely psychological/ behavioural symptoms being dismissed as inconsequential and not a part of medical illness is rather high. If a person complains of too many thoughts, confusion and indecisiveness about a few things, the reaction from the family members is usually, "forget the thoughts and you will be all right", moreover his chances of being taken to a doctor and getting treated are also very low. However, if the person reports that he has bodily symptoms such as headache or pain, he is sympathetically advised by the family members to consult a doctor. Thus, in Indian society, the psychological symptoms and associated disease, are not given the status of medical disease compared to physical symptoms. Hence, we are more likely to use the medium of the body (physical complaints) for expressing our inner tensions. The production of these symptoms is not intentional. the person has no control over the production of these symptoms. The symptoms may pertain to any part of the body :-

- **Abdominal:** vomiting, abdominal pain, nausea, bloating gases, constipation, diarrhoea
- **Pain :** limbs and extremities, backache, joint pains
- **General body :** weakness heaviness in limbs, tingling in extremities (insect crawling), tremors, increased sweating
- **Chest :** shortness of breath when not exerting, palpitations, chest pain, choking sensation
- **Head :** forgetfulness, headache, giddiness, heaviness of head

Whenever these signs and symptoms do not correspond with any known physical illness or the tests and investigation done are normal, the underlying problem may be depression. In all such cases, symptoms related to thinking, feeling and behaviour need to be evaluated for proper diagnosis by the doctor. The doctor may then prescribe a drug which is not for the symptom but will take care of the underlying depressive illness.

Myths and realities of depressive illness

There are certain myths, misconceptions, erroneous beliefs and prejudices about depressive illness. These myths often prevent the patient from seeking proper treatment and hence need clarification.

Myth No. 1 : " He has become lazy, he does not want to work"

Fact : No

Loss of desire and the initiative to work is often a symptom of depressive illness. If a patient who earlier was very hard working, stops working and loses his desire and initiative to work, it is often wrongly interpreted by people around as "he has become lazy" or "he does not want to work". Most often advice given is "go to work and everything will be all right".

It is necessary to realize if people who have earlier been sincere and working regularly, suddenly become lazy and stop working, they are actually suffering depressive illness. They need proper treatment and need to consult a doctor at the earliest.

Myth No. 2: "Control your thoughts and you will be all right"

Fact : In depressive illness thoughts are beyond the control of the patient.

If a person complains of too many thoughts or says that he has no mood to work, the immediate reaction from family members is "control your thoughts and you will be all right", "be confident and nothing will happen to you". It is important to understand that unlike in the case of a normal person, a depressed person has no control over his thoughts and mood. Hence advising a depressed patient to control his thoughts is like advising a patient suffering from typhoid fever "control your fever and you will be all right". In both cases i.e. controlling fever in typhoid and controlling thoughts in depressive illness are not easy. The family members and relatives need to understand the futility of such advice and help him get treated for his condition.

Myth No. 3: "Antidepressant drugs are sedatives and habit forming"

Fact : No

Antidepressant drugs are neither sedatives nor habit forming. In a depressed patient these drugs bring back the mood to the normal level where as in a normal person these drugs have no effect. With the action of the antidepressant drugs the chemical changes in the brain come back to normal and the person feels better, more peaceful and is able to sleep well. A person taking antidepressant can do all the normal work as they do not feel sleepy or drowsy during day-time in fact the performance of a depressed patient on antidepressants will improve as the drugs takes care of the underlying problem, releasing him from the dungeons of depressive illness and thus allowing him to come back to his normal self.

Myth No.4 "Somebody has done something -these are influences of witchcraft, bad omens etc."

Fact : No

Many people even today strongly believe that a depressed patient is under the bad influence of witchcraft, is possessed by a "devi" or a "shaitaan", and hence needs to be taken to those people who will free him from these influences and that doctors cannot do anything for patients.

Scientifically there is no proof for such an rationale. The validity of this rationale can be judged from the fact that previously even small pox was believed to have been caused by "devi". Today it is common knowledge that small pox is a viral infection and can be effectively controlled with vaccination and modern medicine. Similarly it has been proven that depressive illness is primarily due to chemical changes in the brain and can be cured with proper treatment. rather than wasting time in going to the above people, starting scientific treatment early will yield much better results.

Myth No.5: "I have more tension and nothing happens to me where as he gets depressed at the slightest stress faced by him"

Fact : The comparison is wrong and does not help in proper treatment .

In a family, only one develops tuberculosis, while others remain healthy although all are having similar contacts with TB and breathing the same air. In this case family members do not say "Why

have you developed tuberculosis, while I am healthy". In fact they sympathize with the patient and help him get treated.

When physical resistance to an infection is less, the patient is at a greater risk of catching that infection. Similarly in depressive illness, which is a combination of Hereditary-Social factors, when psychological resistance is reduced due to any of the factors, the patient is at a greater risk of falling prey to depressive illness. The family members need to help him get treated and help build up his psychological resistance both during and after the treatment.

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Treatment



Recent years have seen considerable research in the treatment of depressive illness and the results have been very encouraging. Today treatment of depressive illness is a combination of medication (antidepressant drugs), psychotherapy, relaxation and ECT (shock therapy).

Medication : Antidepressants

Antidepressants are an effective treatment for depressive illness. There are different varieties available and are used as per the severity, types of symptoms etc. Your doctor knows the type which is the best for your condition. Antidepressants help correct the chemical changes and imbalances in the brain and help improve the symptoms of depression. It is important to understand that antidepressants are very much different from the sleeping pills available, which in fact act as a depressant and make conditions worse. Moreover unlike these sleeping pills antidepressants are non addictive and neither need increasing doses nor do they need to be on them for the rest of the patients life. Antidepressants are not mood elevators if a person is depressed, they will make him well, but if a person is not suffering from depressive illness then they will not make the person extra happy. The last page of the booklet contains some useful guidelines which need to be followed when taking these drugs.

Psychotherapy

While the chemical imbalances in the brain are treated by drug therapy, psychotherapy attempts to make the person understand the certain faulty attitudes/social factors which make the person vulnerable to depressive illness. It makes the person realise these and change them by his or her actions.

In case of Sushma (seen on page 1), her physical needs were totally fulfilled, but psychological needs were neglected by the husband which had led to her frustration. The husband would hardly spend time with her. On Sundays (weekly off for the husband) either he would spend time with his friends or sleep off the day. The husband used to feel that if he gave money to wife his duty as a husband is totally fulfilled. During Psychotherapy all these and other differences of opinions were discussed with an open mind. Both the husband and wife realised their certain faulty attitudes and changed their behaviour accordingly. The expectations were also discussed. This along with drug therapy resulted in rapid improvement. Within 6 months drugs could also be stopped.

Relaxation

Relaxation and learning to relax are an important aspect of treatment of depressive illness. Like good manners active mental relaxation can be learnt and needs to be practiced regularly to be effective. It is important to understand that sleep, doing nothing, remaining at home or just lying down do not constitute mental relaxation. Taking a vacation from the busy urban life a few days every year is one of the ways of relaxation. Your doctor will explain to you the ways to relax so as to speed up your recovery process as well as prevent further episodes of depression.

Research has shown that with deep mental relaxation, there are chemical changes in the brain and nervous system. These changes are opposite to the changes which occur during psychological stress and help reverse these chemical changes, bringing them back to normal. Moreover with deep mental relaxation, tranquillity is achieved.

There are different techniques to achieve the deep mental relaxation. Yoga, vipasana, shavasana,

meditation etc. are different techniques to achieve the same goal. The important factor in all these techniques is that they should be done regularly and continuously. Regularity will pay rich dividends.

ECT(Shock Therapy)

Electro-convulsive therapy (ECT) also called shock therapy is a useful treatment especially in severe forms of depression and in those where other treatments have been unsuccessful. This form of treatment is also the one which is most misunderstood and carries an image of torture and excessive force. The truth however is different. In ECT, a mild current is passed through the scalp which induces a convulsion - the patient does not feel anything as he has been given general anaesthesia along with a muscle relaxant. The treatment is safe for most patients and improvement starts almost immediately. Unlike popular misconception, the treatment does not produce any brain damage or permanent loss of memory. CT Scan and M.R.I. studies have shown that ECT does not produce any brain damage. In a few cases recent memory may be temporarily affected which is reversible. In cases of attempted suicide, a course of ECT's is a life saving measure.

Role of Family Members

Family members need to understand the patient and his emotional state as well as respect his expectations, likes and dislikes. Sympathetic and attentive listening to the patient is an equally important part of psychotherapy at home. The psychological and moral support given by the near and dear ones is important for prompt recovery as well as preventing a relapse of depressive illness. Harsh words and negative attitudes of the family members worsen the depressive illness and come in the way of prompt and effective recovery.

Prevention

Depressive illness is a bio-psycho-social disease. The hereditary factor is due to the genes passed on from parent to children and presently one cannot change the same. However a person who is mentally satisfied in all aspects of life (family, occupation, socially) has very little chance of developing depressive illness. To achieve mental satisfaction, the following personality and attitude characteristics need to be achieved:

- Reality based expectations. Less the gap between expectations and the reality, better it is; more the gap, more the chances of developing depressive illness
- High frustration and tolerance levels
- Positive attitudes, appreciating others
- Maintaining good cordial relationship with others
- Actively and regularly achieving deep mental relaxation, regularly going on vacation, actively enjoying hobbies
- Acceptance of negative emotional events (e.g. deaths, failures etc) without getting much emotionally disturbed.

Taking your antidepressants a few simple guidelines

The antidepressants your doctor has prescribed for you are simple and safe to take. The following guidelines are designed to help you make the most of their benefits:

TAKE your medicines, make sure you follow your doctor's instructions carefully .

DON'T expect miracles immediately. It could be at least two weeks before you begin to feel better, though you should start sleeping better quite quickly.

NEVER take less than the prescribed dose without first consulting your doctor.

NEVER take more than the prescribed dose it can be dangerous.

NEVER skip a dose just because you are feeling a bit better. You could undo all the good that has been done.

SIDE EFFECTS depend on the medicine you are taking and vary a great deal from patient to patient. But if you do experience side effects like dry mouth, constipation don't worry. After a few days of treatment they, will gradually lessen. If you are worried about it, consult your doctor.

SOME MEDICINES can make you sleepy initially, so it is best to avoid for the first few days driving cars/riding bikes or performing any activity which might need a lot of concentration.

TRY TO AVOID taking alcohol if possible. It tends to interact with medicines and could make you feel quite drunk and unsteady. And of course never drink and drive!

DO NOT STOP taking your medicines until your doctor tells you, even if you feel quite better. If you fail to complete your course of treatment, you could find yourself back to square one so don't risk it.